PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number					
Effective October 1, 2000								1	P189	7 3	3 3°	7	
3.4		SMA TYPE	LL E	NTTTY	OB.	OTHER							
TOTAL CLAIMS			5)		RA		FEE		RATE	FEE		
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			Sami	nus 20=		·		9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =			X40			 	OR	X80=		
Μį	LTIPLE DEPEN	IDENT CLAIM P	RESENT			.: .□	+13	15=	<u> </u>	OR	+270=		
* f	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	TO		 	OR	TOTAL		
CLAIMS AS AMENDED - PART II								ıΛL		UH	OTHER	THAN	
0,	1314	(Column 1)		(Colur		(Column 3)	SM	ALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.34	Minus	1.5	2	. —	X\$	9= -		OR	X\$18=	>	
ME	Independent	. 2	Minus	***	3	= ~~	X4	0=			X80=		
4	FIRST PRESE	RESENTATION OF MULTIPLE DEPENDENT CLAIM								OR			
	•						+13	_		OR	+270=		
			, Al			FEE	L	ОЯ	TOTAL ADDIT. FEE				
_							,						
AMENDMENT.B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA*	rE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	NETATION OF A	Minus		CI AUA		X4)=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=		OR	+270=		
होते हुन है । जिल्लामा स्थापना के स्थापना के स्थापना के स्थापना के स्थापना होते हैं । जिल्लामा स्थापना स्थापना स्थापना स्थापना स्थापन							ADDIT.	TAL FEE		OR	YOTAL ADDIT, FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RA	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=	X\$	9=		OR	X\$18=		
	Independent	•	Minus	1**		=	X40				X80≃		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
	l the enter to set	mn 4 fa loss #hore#	o anter b act		. ave ja		+13			OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "of in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE													
		mber Previously Pa aber Previously Pai					er tound in t	he apr	propriate box	in co	lumn 1.		

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